



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services**

3001 Mail Service Center • Raleigh, North Carolina 27699-3001

Tel 919-733-7011 • Fax 919-508-0951

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Michael Moseley, Director

July 7, 2006

MEMORANDUM

TO: Area Directors

FROM: Mike Moseley

A handwritten signature in black ink, appearing to be "mm", written over the name "Mike Moseley".

SUBJECT: Collaboration Among LMEs to Plan for Crisis Services

Yesterday the General Assembly gave final approval to the Conference Committee version of SB 1741, the 2007 Appropriations Act. Mental health, developmental disabilities and substance abuse services received significant increases in funding, for which we are very grateful.

One of the areas of new funding in the budget is for crisis services. The General Assembly has appropriated \$5,250,000 in one-time funding to start-up crisis services and \$ 7 million in recurring funds to cover the cost of crisis services for indigent consumers. The \$7 million in recurring funds has been specified to be allocated to LMEs based on the percentage of each LMEs population that is below the poverty. Of the \$5,250,000 in one-time money, the Division is directed to use \$250,000 to hire a consultant to assist the Division and LMEs in developing plans for a continuum of crisis services, with the remaining \$5 million allocated to LMEs on a per capita basis. The one-time funding will remain available until spent; it will not revert at the end of SFY 2007.

The legislative provisions related to the one-time crisis money are quite specific. They can be found in Section 10.26 of SB 1741 (attached). I encourage you to read these provisions thoroughly. Item (c) in that Section requires the Secretary to consult with LMEs in the designation of 15 to 25 groupings of LMEs "for the development of regional crisis facilities" which are defined as facility-based crisis units. The Secretary must designate these groupings no later than August 15, 2006.

In order to meet this very tight deadline and fulfill the requirement that the Secretary consult with LMEs, I am requesting that you **notify Dick Oliver no later than July 28, 2006** regarding the LMEs that you might wish to partner with in this planning effort. In making these choices, please take into consideration the existing travel patterns for consumers in your area of NC, geography, and any currently existing facilities. We are attaching a map showing the distribution of licensed psychiatric beds per the 2006 State Medical Facilities Plan to assist you with this consideration. The current list of inpatient facilities who accept involuntary commitments is posted on our website at <http://www.dhhs.state.nc.us/mhddsas/ivc6-21-06list.pdf>

Please contact your LME Liaison, Dick Oliver, or Christina Carter if you have questions regarding this request. We will publish the final designated planning groupings of LMEs no later than August 15, 2006.

cc: Secretary Carmen Hooker Odom
Allen Dobson, MD
Executive Leadership Team
Dick Oliver

Chair, MH Commission
Chair, Coalition 2001
Chair, SCFAC
Kory Goldsmith

State Facility Directors
Yvonne Copeland
Patrice Roesler
Kaye Holder



AREA AUTHORITY AND COUNTY PROGRAM CRISIS REGIONS

SECTION 10.26.(a) Of the funds appropriated in this act to the Department of Health and Human Services, the sum of five million two hundred fifty thousand dollars (\$5,250,000) for the 2006-2007 fiscal year shall be allocated on a per capita basis and shall be used by area authorities and county programs for operational start-up, capital, or subsidies related to the development and implementation of a plan for a continuum of regional crisis facilities and local crisis services ("crisis plan"). Funds not expended during the 2006-2007 fiscal year shall not revert to the General Fund but shall remain available for the purposes outlined in this section. As used in this section, the term "crisis" includes services for individuals with mental illnesses, developmental disabilities, and substance abuse addictions.

SECTION 10.26.(b) Of the funds appropriated in this act for consultants to aid the Division and LMEs to the Department of Health and Human Services, the sum of two hundred twenty-five thousand dollars (\$225,000) for the 2006-2007 fiscal year shall be used by the Department to enter into one or more personal services contracts to provide technical assistance to Local Management Entities to develop and implement the crisis plans required under subsection (a) of this section. In addition to any other factors the Department determines are relevant when selecting the consultant, the Department shall take into consideration whether an applicant has prior experience evaluating crisis services at a local, regional, and statewide level, prior experience assisting State and local public agencies develop and implement crisis services, and the ability to implement its responsibilities within the time frames established under this section. Funds not expended during the 2006-2007 fiscal year shall not revert to the General Fund but shall remain available for the purposes outlined in this subsection.

SECTION 10.26.(c) No later than August 15, 2006, the Secretary shall designate between 15 and 25 appropriate groupings of LMEs for the development of regional crisis facilities. As used in this section, the term "regional crisis facility" means a facility-based crisis unit that serves an area that may be larger than the catchment area of a single LME, but that provides adequate access to a facility by all consumers in the State. The Secretary shall consult with LMEs in determining the regional groupings. The Secretary shall also take into consideration geographical factors, prior LME groupings and partnerships, and existing community facilities.

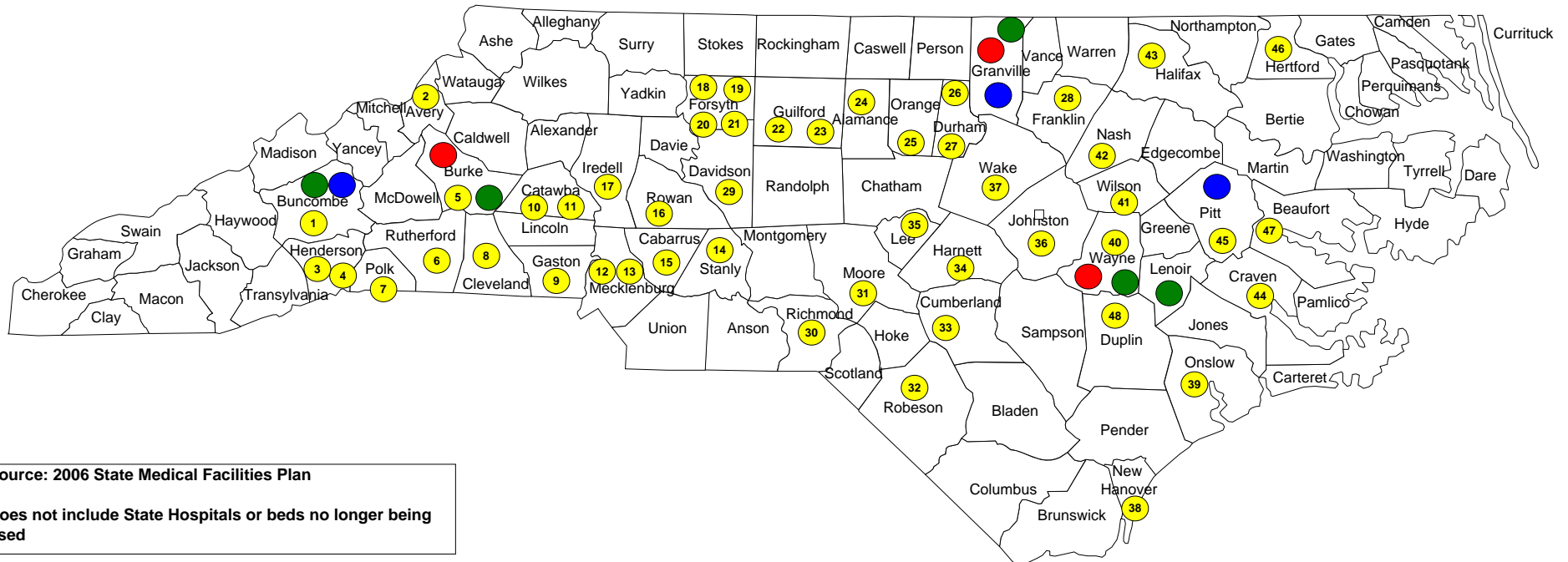
SECTION 10.26.(d) With the assistance of the consultant, the area authorities and county programs within a crisis region shall work together to identify gaps in their ability to provide a continuum of crisis services for all consumers and use the funds allocated to them to develop and implement a plan to address those needs. At a minimum, the plan must address the development over time of the following components: 24-hour crisis telephone lines, walk-in crisis services, mobile crisis outreach, crisis respite/residential services, crisis stabilization units, 24-hour beds, facility-based crisis, in-patient crisis, and transportation. Options for voluntary admissions to a secured facility must include at least one service appropriate to address the mental health, developmental disability, and substance abuse needs of adults, and the mental health, developmental disability, and substance abuse needs of children. Options for involuntary commitment to a secured facility must include at least one option in addition to admission to a State facility. If all area authorities and county programs in a crisis region determine that a facility-based crisis center is needed and sustainable on a long-term basis, the crisis region shall first attempt to secure those services through a community hospital or other community facility. If all the area authorities and county programs in the crisis region determine the region's crisis needs are being met, the area authorities and county programs may use the funds to meet local crisis service needs.

SECTION 10.26.(e) Each LME shall submit its crisis services plan to the Secretary for review no later than March 1, 2007. The plan shall take into consideration and attempt to utilize all other sources of funds in addition to the funds appropriated under this section. The Secretary shall review each plan to determine whether it meets all the requirements of this section. If the Secretary approves the plan, the LME shall receive implementation funding. The Department

may allocate up to three percent (3%) of the funds appropriated under subsection (a) of this section to LMEs to assist them with the cost of developing their crisis services plans.

SECTION 10.26.(f) LMEs shall report monthly to the Department and to the consultant regarding the use of the funds, whether there has been a reduction in the use of State psychiatric hospitals for acute admissions, and any remaining gaps in local and regional crisis services. The consultant and the Department shall report quarterly to the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, the Fiscal Research Division, and the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services regarding each LME's proposed and actual use of the funds appropriated under this section. The reporting requirements under this subsection shall expire July 1, 2008.

North Carolina Licensed Psychiatric Beds by Hospital as of 2006



Numbers of Licensed Psychiatric Beds by Hospital

#	Hospital	Total	Adult	Child/Adol
1	Mission St Joseph's	49	40	9
2	Cannon Memorial	20	20	
3	Pardee Memorial	21	21	
4	Park Ridge	41	41	
5	Grace	22	22	
6	Rutherford	14	14	
7	St. Luke's	18	18	
8	King's Mtn	14	14	
9	Gaston Memorial	70	43	27
10	Frye Regional	84	56	28
11	Catawba Memorial	38	28	10
12	Presbyterian	60	40	20
13	Carolinas Med Ctr	66	44	22
14	Stanly Memorial	12	12	
15	Northeast Med Ctr	10	10	
16	Rowan Memorial	20	15	5

● Psychiatric Hospitals ● ADATC ● MR CENTERS

#	Hospital	Total	Adult	Child/Adol
17	Davis Community	16	16	
18	NC Baptist	44	24	20
19	CenterPoint Human Serv.	16	16	
20	Forsyth Memorial	80	80	
21	Wake Forest Univ.	46	16	30
22	High Point Regional	24	24	
23	Moses Cone	80	48	32
24	Alamance Regional	44	36	8
25	UNC	76	48	28
26	Durham Regional	23	11	12
27	Duke Univ	41	23	18
28	Franklin Regional	15	15	
29	Thomasville Med Ctr	26	26	
30	Sandhills Regional	10	10	
31	FirstHealth Moore	24	24	
32	Southeastern Regional	33	33	

#	Hospital	Total	Adult	Child/Adol
33	BHC-Cape Fear Valley	28	12	16
34	Good Hope	29	16	13
35	Central Carolina Hosp.	10	10	
36	Johnston Memorial	20	20	
37	Holly Hill	88	65	23
38	New Hanover Regional	62	62	
39	Brynn Marr	30	10	20
40	Wayne Memorial	61	41	20
41	Wilson Memorial	23	23	
42	Nash General	44	34	10
43	Halifax Memorial	20	20	
44	Craven Regional	23	23	
45	Pitt County	52	42	10
46	Roanoke-Chowan	20	20	
47	Beaufort County	22	22	
48	Duplin General	20	20	